

Department of Health Care Policy and Financing Updates October 28, 2011

This publication updates you on major Department initiatives including policy changes and program updates. Please feel free to share it with your colleagues and contact the designated staff person if you would like any more details.

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# **Breaking News**

### **CHP+ Cost-Sharing Changes**

The Department worked with stakeholders to develop a revised cost-sharing plan which gained initial approval from the <u>Medical Services Board</u> (MSB) on October 14, 2011. Final approval is scheduled for November 18, 2011.

Upon final approval by the MSB, the revised plan will include changes to both the annual enrollment fee and copayment structure. These changes include the following:

#### Annual Enrollment Fee Changes - Effective January 1, 2012

- Families earning more than 205% of the Federal Poverty Level (FPL) will be impacted. For example, a family of four with a gross yearly income of more than approximately \$44,700 would pay the new enrollment fee. The new enrollment fee will increase from \$25 to \$75 for one child and from \$35 to \$105 for two or more children.
- Enrollment fees will not change for families earning less than 205% FPL. *If you would like more information, please click here.*

#### Client Communication

All CHP+ clients will receive a letter in the beginning of November telling them about the increase. This will give clients who renew in January time to save if they are in the higher income bracket and owe an enrollment fee.

In case you have any questions from your clients, here is the text of the letter they will be receiving:

There will be an increase in the CHP+ annual enrollment fee effective January 1, 2012. The change does not impact all families, for example, a family of four with a gross annual income of more than \$44,700 would pay the new enrollment fee.

The new enrollment fee will be \$75 for one child and \$105 for two or more children.

The payment process will remain the same. You will receive a letter notifying you of the amount due and will still have 30 days to pay.

If you have any questions please call 800-359-1991.

Managed Care Organizations will be communicating to their members through their normal channels of member communication.

### Copayment Changes - Effective July 1, 2012

There will be targeted increases in copayments for all income levels beginning July 1, 2012. Changes were made to encourage clients to go to the right place for the right care at the right time. For example, there will be a higher copayment for a non-emergency emergency room visit than for an urgent care facility visit.



All of these policy changes were made with input from our partners. Advocates, CHP+ managed care organizations, hospitals and providers were included in conversations over the summer in order to come to a decision that is fair to clients, providers and taxpayers.

#### Manual Enrollment Update

With the help of the temporary employees and the new CHP+ Enrollment Files, Maximus has made significant headway with regard to clearing the backlog of manual enrollment requests. As of October 14, Maximus reported a manual enrollment backlog of 462 cases, which is down from 2,844 cases reported on September 13. Maximus can now process the expedited cases on the date they are received.

We have completed the short-term and mid-term solutions in CBMS and the Web Portal as scheduled! Now the CHP+ Health Plans are receiving a weekly file with the client enrollment information and Department's Provider Web Portal clearly identifying a CHP+ enrollees' Health Plan affiliation, along with the enrollment begin and end dates. If you haven't seen that information you can view it at the following: <a href="CHP+ Health Plan Enrollment Verification Fact Sheet">CHP+ Health Plan Enrollment Verification Fact Sheet</a>.

The Department held multiple stakeholder meetings and worked with those stakeholders and partners to generate provider communications. Staff continue to work with the CHP+ Health Plans and Maximus on how to use the new files to make client enrollment more efficient. If you would like more information, please contact <u>Alan Kislowitz</u>.

### **Express Lane Eligibility**

The Department implemented a new eligibility process called Express Lane Eligibility – School Lunch.

Effective October 14, 2011, a simplified eligibility process for Medicaid and CHP+ using Free/Reduced School Lunch information was launched. The process begins when a family applies for Free/Reduced Lunch benefits at a participating school district. If the school determines the child is eligible for Free or Reduced Lunch using the Free/Reduced Lunch application, the school will provide the application information to an eligibility site, and a Family Medicaid/ CHP+ application will be initiated. This process will streamline applications for children who may be eligible for Medicaid and CHP+ but are not enrolled.

If you would like more information about the new streamlining processes, please click here.

#### Twitter

Watch for us on Twitter in November! HCPF News.

## **Increasing the Number of Insured Coloradans**

### **PEAK Update**

Since the launch of PEAK Phase II in late May 2011, 4,462 applications for medical assistance programs have been submitted through the online portal.

## **Containing Costs**

## **Recovery Audit Contractor (RAC) Award**

The Department has contracted with CGI Federal, Inc., a nationally recognized vendor, to perform its auditing obligations under section 6411 of the Patient Protection and Affordable Care Act (ACA). Under the ACA, each state must contract with a contingency-fee-based vendor to review provider claims for overpayments and underpayments. CGI Federal will audit the following kinds of claims: Medicaid Fee-for-Service, Medicaid Waiver Service, Medicaid Managed Care and CHP+. Inpatient hospital claims are excluded.

If you would like more information, please contact Rick Dawson.

## **Accountable Care Collaborative Update**

The Accountable Care Collaborative is expanding rapidly. We are sending 27,264 letters to Medicaid members in the next few days for a December enrollment in the program.

#### **ACC Billing**

- ACC members receive regular fee-for-service Medicaid and providers submit their claims the same way they do for any other client who receives regular Medicaid.
- Clients in the ACC are expected to have a Primary Care Medical Provider (PCMP) who
  is contracted with the State and the RCCO under the ACC program. If the client has a
  PCMP this will be listed on their ACC eligibility screen. At this time, we are paying ALL
  claims regardless of whether or not clients are going to their PCMP or another Medicaid
  provider.
- Clients in the ACC are expected to have a referral from their PCMP to see a specialist
  for services other than those services exempted from the referral requirement; <u>BUT</u> at
  this time, we are paying <u>ALL</u> specialist claims normally paid through Medicaid fee-forservice regardless of whether the client has a referral or not.

## The ACC Eligibility Screen

In response to stakeholder feedback, the Department is in the process of making the ACC Program eligibility screen easier to understand and easier to use. We will keep you informed of this effort. If a client is currently enrolled in the ACC Program, they will have an ACC Program eligibility screen. Note that the claims and billing information provided above applies to these clients.

## **Initiative Updates**

Medicaid Infrastructure Grant

# **Healthy Living Initiatives**



## **Depression Screening**

Through our Behavioral Health Initiative, the Department is working to advance the diagnosis and treatment of depression for clients on Medicaid and CHP+. Medicaid now covers depression screening for adolescents aged 11-20, using a standardized. validated depression screening tool at the child's periodic well child visits.

### What is a Depression Screening?

A mental health screening is a questionnaire, given on paper or via computer that helps a teen's primary care provider determine whether he/she may have a mental health concern such as depression or anxiety.

Mental health screenings do not provide a diagnosis. Like other medical screenings, they serve to give health professionals an indication of a possible problem and a reason to do further evaluation either by the primary care provider or a mental health specialist.

### Screening Can Identify Mental Illness Early

More than one million teens in the U.S. suffer from depression, yet less than one-third of those teens receive help. For some, depression is so severe that it leads to suicide, the third leading cause of teenage death. Even in its less severe forms, teen depression is linked to poor academic achievement, absenteeism, strained social relationships, and substance abuse. If you would like more information, please contact Lisa Waugh.

## **Employment Opportunities**

Applying for state jobs has just become easier! Applications are electronic, you will receive updates, and you do not need to answer any written questions until it is determined that you meet the minimum qualifications. Check out the new Web site and our job openings.

The Department offers a competitive benefits package that includes the Public Employees' Retirement Account (PERA), a 401K or 457 retirement plan, health and dental insurance options, 10 holidays, and accrual of paid sick and vacation time.

The Department is a tobacco-free campus.

### **Enrollment**

In September 2011 there were 602,691 clients enrolled in Medicaid and 66,691 clients enrolled in CHP+. Monthly numbers for enrollment and expenditures can be found on the Department's Budget Web page,